

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058892

1. Entity Name
PATRECIA A. BALDWIN, P.A.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90245 040 ***150.00

Principal Place of Business
ORANGE LAKE COUNTRY CLUB
KISSIMMEE FL 32837

Mailing Address
ORANGE LAKE COUNTRY CLUB
KISSIMMEE FL 32837

2. Principal Place of Business
SUMMITT BAY RESORT
Suite, Apt. #, etc.

3. Mailing Address
17805 US HWY 192
Suite, Apt. #, etc.

City & State
CLERMONT FL.

City & State

4. FEI Number **59-3457311**

Applied For
☒ Not Applicable

Zip
34711

Country
LAKE

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OK
BALDWIN, PATRECIA A P.A.
~~3101 JODHPYRS LN. 2616~~
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Patrecia A. Baldwin, P.A.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-01
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BALDWIN, PATRECIA A
3101 JODHPYRS LN. 2616
ORLANDO FL 32837 *OK* Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
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STREET ADDRESS
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Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrecia A. Baldwin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01 *407-856-1207*
Date Daytime Phone #

CR2E034 (10/00)